

County of Santa Clara

Office of the Sheriff
55 West Younger Avenue
San Jose, California 95110-1721
(408) 808-4900



Laurie Smith
Sheriff

APPLICATION PACKET FOR MASSAGE ESTABLISHMENT PERMITS

Division B22 of Title B of the County of Santa Clara ("County") Ordinance Code regulates the operation of massage establishments, massage therapists, and massage practitioners in the unincorporated areas of the County.¹ Massage establishments must comply with the provisions of Division B22. Pursuant to Section B22-4 of the Ordinance Code, a massage establishment cannot operate in the unincorporated areas of the County without obtaining and maintaining a permit from the Santa Clara County Office of the Sheriff ("Sheriff").

This application packet contains:

1. information regarding prerequisites for a massage establishment permit;
2. information regarding the Sheriff's application process for a massage establishment permit; and
3. the Application for a Massage Establishment Permit form.

PREREQUISITES FOR A MASSAGE ESTABLISHMENT PERMIT

An application for a **new** massage establishment permit must be accompanied by proof of:

1. A current and valid Architecture and Site Approval by the County;
2. Proof of County Building Code Compliance; and
3. A Health and Sanitation Approval from the County.

(See Ord. Code, §§ B22-5, B22-6, B22-9.) Applicants must first obtain an Architecture and Site Approval and Proof of County Building Code Compliance; thereafter, applicants must obtain a Health and Sanitation Approval from the County.

An application for a new massage establishment permit should be completed by:

1. Massage establishments that do not have a current, valid massage establishment permit, and
2. Massage establishments that have a current, valid massage establishment permit issued before November 5, 2015.

To obtain information about the **Architecture and Site Approval process and requirements**, contact the County Planning Office by phone (408-299-5770) or in person at 70 W. Hedding St., East Wing, 7th Floor, San Jose, CA, 95110.

To obtain **Proof of County Building Code Compliance**, contact the County Building Inspection Office by phone (408-299-5700) or in person at 70 W. Hedding St., East Wing, 7th Floor, San Jose, CA, 95110.

¹ Title B, Division B22 of the County Ordinance Code is available at https://www.municode.com/library/ca/santa_clara_county/codes/code_of_ordinances.

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To obtain a **Health and Sanitation Approval** from the County, contact the County Department of Environmental Health by phone (408-918-3400) or in person at 1555 Berger Drive, Suite 300, San Jose, CA, 95112. A Health and Sanitation Approval will be issued only after an applicant obtains an Architecture and Site Approval and Proof of County Building Code Compliance.

An application for **renewal** of a massage establishment permit issued after November 5, 2015 may require, at the Sheriff's discretion, inspection by the County to ensure compliance with relevant health and sanitary standards, fire and safety standards, and zoning and permitting requirements. (See Ord. Code, § B22-9.) Massage establishment permits shall be renewed annually, with the renewal application submitted at least 90 days before the establishment permit expiration date. (*Id.*, § B22-7.)

APPLICATION PROCESS FOR A MASSAGE ESTABLISHMENT PERMIT FROM THE SHERIFF

Application for a massage establishment permit; permit fee. Individuals applying for a massage establishment permit should complete the attached Application for a Massage Establishment Permit. This Application must be completed and signed by each Owner and Operator of the massage establishment. The Application, along with a nonrefundable permit application fee and all other required items identified in the Application, should be submitted to the Sheriff's LiveScan Records Unit when the individual undergoes the LiveScan fingerprinting background check (described below).

Any application documents delivered after the LiveScan appointment must be placed in an envelope addressed and delivered to:

Office of the Sheriff
Special Operations Division
55 W. Younger Ave.
San Jose, CA 95110
ATTENTION: VICE INTELLIGENCE DETECTIVE

Background check. The Sheriff shall investigate the background of any applicant for a massage establishment permit or renewal thereof. (See Ord. Code, § B22-9.) As part of the background check, all individuals listed in the Application are required to undergo the LiveScan fingerprinting process. LiveScan fingerprinting requires an appointment. To reserve a date and time, please contact the Sheriff's LiveScan Records personnel at (408) 808-4760. Alternatively, appointments can be made online as follows:

- Log on to <https://www.sccgov.org/sites/sheriff/Pages/LiveScan.aspx>.

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- Click on "Make a LiveScan Fingerprinting Appointment."
- Click on "Make Appointment." This will bring you to a secure website.
- Complete the "Request for Live Scan Service." Use the Tab key (not the Enter key) to move from field to field. Asterisks (*) denote required fields. Some fields have Help information available. Point your mouse over a box for Help information to appear. In the field that asks for "Agency ORI Code" and "Your OCA Number," enter 04300. In the field that asks for "Level of Service," enter "DOJ."
- Select a date and time for your appointment.
- Print one copy of your appointment confirmation and three copies of your applicant profile page to bring with you to your appointment.

The Sheriff's background investigation will begin once the office obtains the results from the applicant's LiveScan fingerprinting.

Timing. The Sheriff shall grant or deny an application for a massage establishment permit within 90 calendar days following receipt of a completed application. (Ord. Code, § B22-10(a).) An application *will* be denied for any of the reasons set forth in Ordinance Code section B22-10(b); an application *may* be denied for the reasons set forth in Ordinance Code section B22-10(c). Any person dissatisfied by a decision of the Sheriff may file an appeal with the Office of the County's Hearing Officer within 15 calendar days of the Sheriff's decision. (Ord. Code, § B22-12(a).) If a decision to grant an application has not been appealed within this 15-day period, the Sheriff shall issue the establishment permit. (Ord. Code, § B22-11.)

Issuance of permits. Permits will be mailed to approved applicants at the address listed on the application form received by the Sheriff. It is vital that the address listed on the application is correct. Any change of address during the application process must be provided to:

Office of the Sheriff
Special Operations Division
55 W. Younger Ave.
San Jose, CA 95110
ATTENTION: VICE INTELLIGENCE DETECTIVE

or by contacting the Vice Intelligence Detective in the Sheriff's Office at (408) 808-4773.

For questions about applications for a massage establishment permit, please contact the Vice Intelligence Detective by phone (408-808-4773) or in person at the Sheriff's Office at 55 W. Younger Avenue, San Jose, CA, 95110.



APPLICATION FOR A MESSAGE ESTABLISHMENT PERMIT



Type of Permit Requested: _____ New Message Establishment Permit
 _____ Renewal of Existing Massage Establishment Permit

Massage Establishment Information

Massage Establishment's Name: _____

Massage Establishment's Address & Assessor's Parcel Number (APN): _____

These premises are (check one): owned by the Owner(s) of the massage establishment leased.
 If leased, please provide the information below regarding the property owner:

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Telephone #: _____ Term of Lease: ___ / ___ / ___ to ___ / ___ / ___

Massage Establishment's Telephone Number: _____

Massage Establishment's Website Address: _____

Name(s) of All Owner(s) of the Massage Establishment: _____

Name(s) of All Operator(s) of the Massage Establishment: _____

Required Items. The following items must be submitted to the Sheriff's Office at the same time.

- This Application for a Massage Establishment Permit
- For each individual listed under the "Ownership Information" or "Operator Information" sections of this Application:
 - Two portrait photographs (2" x 2")
 - LiveScan appointment confirmation and applicant profile
 - Copy of a valid California driver's license, California I.D., or U.S. passport for each Applicant and Owner listed in this Application
- Payment by check or money order of applicable fees (see fee schedule below)

Applications for a new massage establishment permit must also be accompanied by proof of:

- A current and valid architecture and site approval by the County
- Compliance with the County Building Code
- A health and sanitation approval from the County

Fee Schedule. The following fees are non-refundable and due at the time of application. Payment should be made by check or money order to the Santa Clara County Office of the Sheriff.

<u>Permit Application Fees</u>		<u>Background Fees</u>	
New Massage Establishment Permit	\$1200.00	LiveScan Fingerprint Fee	\$20.00
Renewed Massage Establishment Permit	\$980.00	Law Enforcement Specialist Fee (Records)	\$77.00
		DOJ Processing Fee	\$32.00
		<u>Total Background Fees</u>	<u>\$129.00</u>

For Office Use Only. Application Received: ___ / ___ / ___ Amount Due: _____ Amount Received: _____



APPLICATION FOR A MESSAGE ESTABLISHMENT PERMIT



Ownership Information. This section should be completed by each Owner of the massage establishment. If the Owner is an individual, each individual should complete the section. If the Owner is a corporation, each stockholder, officer, and director of the corporation should complete the section. If the Owner is a partnership, each partner (including any limited partners) should complete the section. (Attach additional pages if needed.)

Name (Last, First, Middle): _____

Date of Birth: _____ Driver's License/ID #: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Current Residential Address and Dates of Residency:
 Address: _____ Dates: ____ / ____ / ____ to present

Two Most Recent Previous Residential Addresses and Dates of Residency:
 Address: _____ Dates: ____ / ____ / ____ to ____ / ____ / ____
 Address: _____ Dates: ____ / ____ / ____ to ____ / ____ / ____

Employment History for Last 5 Years from Date of Application (continue on blank page if needed):

Employer: _____ Job Title: _____
 Work Address: _____
 Work Phone: _____ Dates: ____ / ____ / ____ to ____ / ____ / ____

Employer: _____ Job Title: _____
 Work Address: _____
 Work Phone: _____ Dates: ____ / ____ / ____ to ____ / ____ / ____

Employer: _____ Job Title: _____
 Work Address: _____
 Work Phone: _____ Dates: ____ / ____ / ____ to ____ / ____ / ____

Have you ever been arrested or convicted for a felony criminal offense or non-traffic misdemeanor? Yes No
 If "Yes," provide a listing and general explanation for each arrest or conviction (add pages if needed):

Have you ever had an ownership interest in, operated, or been employed by a business which has been the subject of an abatement proceeding under the California Red Light Abatement Act (California Penal Code §§ 11225-11325) or any other red light abatement laws in other jurisdictions? Yes No

Have you ever been cited by a city or county or any law enforcement agency for operating an unlicensed massage establishment? Yes No

Have you ever owned or operated a massage establishment for which your permit or license was revoked? Yes No

Have you ever violated an ordinance regulating massage, including, but not limited to, Division B22 of the County's Ordinance Code ("Division B22")? Yes No

By submitting this Application for a Massage Establishment Permit, I declare, under penalty of perjury, that:

- The information in this Application is true, correct, and complete.
- I have read and understand Division B22, which regulates the operation of massage establishments, massage therapists, and massage practitioners.
- I understand and agree that I am responsible for all violations of Division B22, including any violations by individuals working in the massage establishment.

Owner's Signature: _____ Date: _____



APPLICATION FOR A MESSAGE ESTABLISHMENT PERMIT



Ownership Information. This section should be completed by each Owner of the massage establishment. If the Owner is an individual, each individual should complete the section. If the Owner is a corporation, each stockholder, officer, and director of the corporation should complete the section. If the Owner is a partnership, each partner (including any limited partners) should complete the section. (Attach additional pages if needed.)

Name (Last, First, Middle): _____

Date of Birth: _____ Driver's License/ID #: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Current Residential Address and Dates of Residency:
 Address: _____ Dates: ___ / ___ / ___ to present

Two Most Recent Previous Residential Addresses and Dates of Residency:
 Address: _____ Dates: ___ / ___ / ___ to ___ / ___ / ___
 Address: _____ Dates: ___ / ___ / ___ to ___ / ___ / ___

Employment History for Last 5 Years from Date of Application (continue on blank page if needed):

Employer: _____ Job Title: _____
 Work Address: _____
 Work Phone: _____ Dates: ___ / ___ / ___ to ___ / ___ / ___

Employer: _____ Job Title: _____
 Work Address: _____
 Work Phone: _____ Dates: ___ / ___ / ___ to ___ / ___ / ___

Employer: _____ Job Title: _____
 Work Address: _____
 Work Phone: _____ Dates: ___ / ___ / ___ to ___ / ___ / ___

Have you ever been arrested or convicted for a felony criminal offense or non-traffic misdemeanor? Yes No
 If "Yes," provide a listing and general explanation for each arrest or conviction (add pages if needed):

Have you ever had an ownership interest in, operated, or been employed by a business which has been the subject of an abatement proceeding under the California Red Light Abatement Act (California Penal Code §§ 11225-11325) or any other red light abatement laws in other jurisdictions? Yes No

Have you ever been cited by a city or county or any law enforcement agency for operating an unlicensed massage establishment? Yes No

Have you ever owned or operated a massage establishment for which your permit or license was revoked? Yes No

Have you ever violated an ordinance regulating massage, including, but not limited to, Division B22 of the County's Ordinance Code ("Division B22")? Yes No

By submitting this Application for a Massage Establishment Permit, I declare, under penalty of perjury, that:

- The information in this Application is true, correct, and complete.
- I have read and understand Division B22, which regulates the operation of massage establishments, massage therapists, and massage practitioners.
- I understand and agree that I am responsible for all violations of Division B22, including any violations by individuals working in the massage establishment.

Owner's Signature: _____ Date: _____



APPLICATION FOR A MASSAGE ESTABLISHMENT PERMIT



Ownership Information. Operator Information. If the person who operates or is responsible for the day-to-day activities of the massage establishment ("Operator") is different from the person(s) listed in the "Ownership Information" section, the Operator should complete this section.

Name (Last, First, Middle): _____

Date of Birth: _____ Driver's License/ID #: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Current Residential Address and Dates of Residency:
Address: _____ Dates: ___/___/___ to present

Two Most Recent Previous Residential Addresses and Dates of Residency:
Address: _____ Dates: ___/___/___ to ___/___/___
Address: _____ Dates: ___/___/___ to ___/___/___

Employment History for Last 5 Years from Date of Application (continue on blank page if needed):

Employer: _____ Job Title: _____
Work Address: _____
Work Phone: _____ Dates: ___/___/___ to ___/___/___

Employer: _____ Job Title: _____
Work Address: _____
Work Phone: _____ Dates: ___/___/___ to ___/___/___

Employer: _____ Job Title: _____
Work Address: _____
Work Phone: _____ Dates: ___/___/___ to ___/___/___

Have you ever been arrested or convicted for a felony criminal offense or non-traffic misdemeanor? Yes No
If "Yes," provide a listing and general explanation for each arrest or conviction (add pages if needed):

Have you ever had an ownership interest in, operated, or been employed by a business which has been the subject of an abatement proceeding under the California Red Light Abatement Act (California Penal Code §§ 11225-11325) or any other red light abatement laws in other jurisdictions? Yes No

Have you ever been cited by a city or county or any law enforcement agency for operating an unlicensed massage establishment? Yes No

Have you ever owned or operated a massage establishment for which your permit or license was revoked? Yes No

Have you ever violated an ordinance regulating massage, including, but not limited to, Division B22 of the County's Ordinance Code ("Division B22")? Yes No

By submitting this Application for a Massage Establishment Permit, I declare, under penalty of perjury, that:

- The information in this Application is true, correct, and complete.
- I have read and understand Division B22, which regulates the operation of massage establishments, massage therapists, and massage practitioners.
- I understand and agree that I am responsible for all violations of Division B22, including any violations by individuals working in the massage establishment.

Owner's Signature: _____ Date: _____



APPLICATION FOR A MASSAGE ESTABLISHMENT PERMIT



Prior Businesses. Each Owner or Operator who has owned or operated a business that provided massage, relaxation, hot tub, towel wraps, baths, health treatments, or tanning services in the preceding 24 months should provide information on each such business. (Attach additional pages if needed.)	
<i>Business's Name:</i>	<i>Business's Telephone #:</i>
<i>Business's Address:</i>	
<i>Services Offered by the Business (check all that apply):</i> <input type="checkbox"/> Massage <input type="checkbox"/> Relaxation <input type="checkbox"/> Hot Tub <input type="checkbox"/> Towel Wraps <input type="checkbox"/> Baths <input type="checkbox"/> Health Treatments <input type="checkbox"/> Tanning Services	
<i>Name of Individual Listed in This Application Who Operated this Business and His/Her Role in this Business:</i>	
<i>Business's Name:</i>	<i>Business's Telephone #:</i>
<i>Business's Address:</i>	
<i>Services Offered by the Business (check all that apply):</i> <input type="checkbox"/> Massage <input type="checkbox"/> Relaxation <input type="checkbox"/> Hot Tub <input type="checkbox"/> Towel Wraps <input type="checkbox"/> Baths <input type="checkbox"/> Health Treatments <input type="checkbox"/> Tanning Services	
<i>Name of Individual Listed in This Application Who Operated this Business and His/Her Role in this Business:</i>	
<i>Business's Name:</i>	<i>Business's Telephone #:</i>
<i>Business's Address:</i>	
<i>Services Offered by the Business (check all that apply):</i> <input type="checkbox"/> Massage <input type="checkbox"/> Relaxation <input type="checkbox"/> Hot Tub <input type="checkbox"/> Towel Wraps <input type="checkbox"/> Baths <input type="checkbox"/> Health Treatments <input type="checkbox"/> Tanning Services	
<i>Name of Individual Listed in This Application Who Operated this Business and His/Her Role in this Business:</i>	
<i>Business's Name:</i>	<i>Business's Telephone #:</i>
<i>Business's Address:</i>	
<i>Services Offered by the Business (check all that apply):</i> <input type="checkbox"/> Massage <input type="checkbox"/> Relaxation <input type="checkbox"/> Hot Tub <input type="checkbox"/> Towel Wraps <input type="checkbox"/> Baths <input type="checkbox"/> Health Treatments <input type="checkbox"/> Tanning Services	
<i>Name of Individual Listed in This Application Who Operated this Business and His/Her Role in this Business:</i>	
<i>Business's Name:</i>	<i>Business's Telephone #:</i>
<i>Business's Address:</i>	
<i>Services Offered by the Business (check all that apply):</i> <input type="checkbox"/> Massage <input type="checkbox"/> Relaxation <input type="checkbox"/> Hot Tub <input type="checkbox"/> Towel Wraps <input type="checkbox"/> Baths <input type="checkbox"/> Health Treatments <input type="checkbox"/> Tanning Services	
<i>Name of Individual Listed in This Application Who Operated this Business and His/Her Role in this Business:</i>	
<i>Business's Name:</i>	<i>Business's Telephone #:</i>
<i>Business's Address:</i>	
<i>Services Offered by the Business (check all that apply):</i> <input type="checkbox"/> Massage <input type="checkbox"/> Relaxation <input type="checkbox"/> Hot Tub <input type="checkbox"/> Towel Wraps <input type="checkbox"/> Baths <input type="checkbox"/> Health Treatments <input type="checkbox"/> Tanning Services	
<i>Name of Individual Listed in This Application Who Operated this Business and His/Her Role in this Business:</i>	



APPLICATION FOR A MESSAGE ESTABLISHMENT PERMIT



Employees/Contractors Providing Massage. Please list any individual who is providing, or will provide, massage at the massage establishment for which you seek a permit. (Attach additional pages if needed.) Individuals who provide massage must also register in person with the Sheriff within 90 days of the start of their employment. (See Ord. Code, § B22-15.)

<i>Name (Last, First, Middle):</i>	<i>CA Massage Therapy Council Certification #:</i>
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<i>Residential Address:</i>

<i>Name (Last, First, Middle):</i>	<i>CA Massage Therapy Council Certification #:</i>
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<i>Residential Address:</i>

<i>Name (Last, First, Middle):</i>	<i>CA Massage Therapy Council Certification #:</i>
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<i>Residential Address:</i>

<i>Name (Last, First, Middle):</i>	<i>CA Massage Therapy Council Certification #:</i>
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<i>Residential Address:</i>

<i>Name (Last, First, Middle):</i>	<i>CA Massage Therapy Council Certification #:</i>
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<i>Residential Address:</i>

<i>Name (Last, First, Middle):</i>	<i>CA Massage Therapy Council Certification #:</i>
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<i>Residential Address:</i>

<i>Name (Last, First, Middle):</i>	<i>CA Massage Therapy Council Certification #:</i>
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<i>Residential Address:</i>

<i>Name (Last, First, Middle):</i>	<i>CA Massage Therapy Council Certification #:</i>
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<i>Residential Address:</i>

<i>Name (Last, First, Middle):</i>	<i>CA Massage Therapy Council Certification #:</i>
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<i>Residential Address:</i>

<i>Name (Last, First, Middle):</i>	<i>CA Massage Therapy Council Certification #:</i>
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<i>Residential Address:</i>

<i>Name (Last, First, Middle):</i>	<i>CA Massage Therapy Council Certification #:</i>
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<i>Residential Address:</i>

<i>Name (Last, First, Middle):</i>	<i>CA Massage Therapy Council Certification #:</i>
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<i>Residential Address:</i>
